

# THE VACCINE CENTER

And Travel Medicine Clinic

## One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **The Vaccine Center** to make a one-time charge to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

If you prepay for an appointment and then do not give 24 hour notice to cancel or reschedule, you forfeit this deposit and there are no refunds. You will then be required to make another non-refundable deposit for a new appointment.

### Please complete the information below:

I \_\_\_\_\_ authorize **The Vaccine Center** to charge my credit card  
(full name)

account indicated below on or after \_\_\_\_\_. This payment is a deposit for an appointment and will be applied to the cost of the visit if the appointment is kept. If there is a need to reschedule or cancel your appointment, a minimum of 24 hours is required. If less than 24 hour notice is given or you do not show up, the deposit amount is non-refundable.

Please Specify Authorized Services for Purchase: Appointment Deposit

Billing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Phone# \_\_\_\_\_  
Email \_\_\_\_\_

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3 digit number on back of Visa/MC/Discover) \_\_\_\_\_

(4 digit number on front of American Express) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

**Southeast Location:**  
500 East Windmill Lane, Suite 155  
Las Vegas, NV 89123

Phone: 702.870.1911  
Fax: 702.870.5311  
info@vaccinecenter.com

**Northwest Location:**  
2051 North Rainbow Boulevard, Suite 100  
Las Vegas, NV 89108